

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH CAL-Card APPLICATION AGREEMENT

Employee Name:	Employee #:
Payroll Title:	Office Phone #:
Program/Division:	Unit Code:
Address:	
Contact Person:	Phone #:
Justification:	

APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
Program Manager:	Date:
District Chief:	Date:
Bureau Analyst:	Date:
CAL-Card #:	

CAL-Card Agreement

GENERAL

I agree and understand that:

- * I am in receipt of the CAL-Card.
- * I am in receipt of the CAL-Card Program Internal Control Plan.
- * I hereby acknowledge that I have received and understand the provisions of the CAL-Card Program and will use the CAL-Card only for official County business/purchases. I further understand that misuse of CAL-Card may result in disciplinary action, up to and including discharge from County service. I agree to return the CAL-Card upon request of my supervisor or higher level authority.
- * The use of the CAL-Card is prohibited after my privileges have been removed or withdrawn.
- * I am personally liable for any personal/improper purchases made with the CAL-Card and will be subject to immediate cancellation of the card and disciplinary action.
- * I must return the CAL-Card to your Program Head, Division Manager, or Designee if expecting to be away from work for an extended period of time (e.g., vacation, leave, etc.).
- * I must immediately notify U.S. Bank, my Program Head, or Division Manager and Administrative Support Bureau upon discovery of inadvertent use for personal/improper purchases to make necessary reimbursement arrangements.
- * The cardholder is responsible for the security of his/her credit card at all times.
- * I understand that employees failing to comply with this policy may be required to reimburse the Department, or be subject to garnished wages. Employees who fail to comply with this policy may be subject to disciplinary action up to and including discharge.
- * I will relinquish this CAL-Card to the Administrative Support Bureau at my manager's request or upon resignation or transfer from this Program/Division within three (3) business days.
- * Failure to relinquish this CAL-Card will make me personally liable for any personal/improper purchases and will be subject to disciplinary action.

SANCTIONS:

- * Employees failing to comply with this policy may be required to reimburse the Department, or be subject to garnished wages.
- * Employees who fail to comply with this policy may be subject to disciplinary action up to and including discharge.

Employee Signature

Date

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH CAL-Card APPLICATION AGREEMENT

ADMONISHMENT

I hereby acknowledge that I have received and understand the provisions of the CAL-Card Program and will use the CAL-Card only for official County business/purchases. I further understand that misuse of CAL-Card may result in disciplinary action, up to and including discharge from County service. I agree to return the CAL-Card upon request of my supervisor or higher level authority. I understand that the use of the CAL-Card is prohibited after my privileges have been removed/withdrawn. Further, if the card is lost, damaged or stolen, I immediately notify the U.S. Bank and my supervisor or higher level authority.

Employee Signature

Date

ASB USE ONLY

Issued By

Date

Returned By

Date

Received By

Date

Submit Completed Form to:
Administrative Support Bureau
Attn: Bureau Chief or Designee
550 South Vermont Avenue, Room 207
Los Angeles, CA 90020